

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-2)

CERTIFICATE OF DEATH


 06250
 Reg. Dist. No. 270

1. PLACE OF DEATH: County..... <u>Somerset</u> City or town..... <u>Crisfield</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>37 years</u> Hospital, institution, or street address where death occurred: <u>McCreedy Memorial Hospital</u> How long in hospital or institution?..... <u>2 weeks</u>			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Somerset</u> City or town..... <u>Crisfield</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>Fire House, Broadway</u> (If rural, give LOCATION) 2.(a) If veteran, name war.....										
3.(a) FULL NAME <div style="text-align: center; font-size: 1.2em;">VINCENT PAUL BONOMO</div>			3.(b) Social Security Number <div style="text-align: center; font-size: 1.2em;">218-05-8895</div>										
4. Sex <div style="text-align: center; font-size: 1.2em;">Male</div>	5. Color or race <div style="text-align: center; font-size: 1.2em;">White</div>	6.(a) Single, married, widowed, or divorced <div style="text-align: center; font-size: 1.2em;">Divorced</div>	MEDICAL CERTIFICATION 20. DATE OF DEATH <u>June 24</u> 19 <u>46</u> at <u>3:40 P</u> 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>June 15</u> 19 <u>46</u> to <u>June 24</u> 19 <u>46</u> and that I last saw him alive on <u>June 24</u> 19 <u>46</u> Immediate cause of death <u>Cervical occlusion</u> Due to <u>Chronic Out rupture</u> Due to <u>Chronic myocarditis</u> Other conditions (Include pregnancy within 3 months of death) Major findings of operations Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town)..... (County)..... (State)..... Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?..... 23. SIGNATURE <u>George B. Callahan</u> M. D. or other..... Address..... <u>1000 2nd St</u> Date signed <u>June 26 46</u>										
6.(b) Name of husband or wife <u>Martha Jane Gray</u> 7. Birth date of deceased (mo., day, yr.) <u>February 18, 1882</u> 8. AGE: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Years</td> <td style="text-align: center;">Months</td> <td style="text-align: center;">Days</td> <td style="text-align: center;">If less than one day</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">64</td> <td style="text-align: center; font-size: 1.2em;">4</td> <td style="text-align: center; font-size: 1.2em;">5</td> <td style="text-align: center;">hrs. min.</td> </tr> </table> 9. Birthplace <u>Sicily, Italy</u> (Town, county, and state) 10. Usual occupation <u>Custodian, Fire Dep't</u> 11. Industry or business			Years	Months	Days	If less than one day	64	4	5	hrs. min.	12. Name <u>Salvatore Bonomo</u> 13. Birthplace <u>Sicily, Italy</u> 14. Maiden name <u>Salvatore Glorioso</u> 15. Birthplace <u>Sicily, Italy</u> 16. Informant <u>Vincent Bonomo, Jr.</u> Address..... <u>4608 Hartford Rd., Baltimore</u> 17. Burial <u>Burial</u> Date thereof <u>June 27 46</u> (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory..... <u>Dumfries Ridge</u> Location..... <u>Dumfries Ridge</u> 18. Funeral director <u>Bonschew Funeral Home</u> Address..... <u>Croftwood</u> 19. Date rec'd by registrar <u>6-26-46</u> Registrar..... <u>C.E. Collins M.D.</u>		
Years	Months	Days	If less than one day										
64	4	5	hrs. min.										

RECEIVED
JUL 1 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06251

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County SomersetCity or town Barnfield
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County SomersetCity or town Barnfield
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Addie Coulbourn

3. (b) Social Security Number

917-03-78604. Sex Female 5. Color or race Col 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife John E. Coulbourn7. Birth date of deceased (mo., day, yr.) May 29 - 1893 8. (c) If alive, give age 60 years8. AGE: Years 59 Months 06 Days 26 If less than one day _____ hrs. _____ min.9. Birthplace Marion Somerset Co Md.
(Town, county, and state)10. Usual occupation seafar work

11. Industry or business

12. Name Samuel Connors13. Birthplace East Princess Anne Somerset Co14. Maiden name Ketta Cunningham15. Birthplace Marion Somerset Co Md16. Informant Lollie E. JohnsonAddress Marion Md.17. Burial Date thereof June 28, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Barnfield CemeteryLocation Marion Md18. Funeral director Chas H. WardAddress Marion Md.19. 6/27/46 C. E. Coulbourn
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26th 19 46, at 8⁴⁵ P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 14th 19 46, to June 25th 19 46and that I last saw him alive on June 15th 19 46Immediate cause of death Typhoid fever with sepsisPrison

Due to _____

Due to _____

Other conditions Typhoid fever (Prison Case)of admission
(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ injured at work?

23. SIGNATURE C. J. Somers M. D. or otherAddress Crisfield, Md. Date signed June 27/46

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JUL 1 1946

BUREAU V.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (312)

CERTIFICATE OF DEATH


 66252 265
 Reg. Dist. No.

1. PLACE OF DEATH: Somerset
 County.....
 Crisfield
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Lifetime
 Hospital, institution, or street address where death occurred:
 Home - 116 Chesapeake Ave
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland..... County..... Somerset
 City or town..... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 116 Chesapeake Ave
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
 JOHN FRANK CULLEN

3. (b) Social Security Number

4. Sex Male
 5. Color or race White
 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Carrie Howeth Cullen
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) October 23, 1864
 8. AGE: Years 81 Months 8 Days 20 If less than one day..... hrs. min.

9. Birthplace Crisfield-Somerset-Maryland
 (Town, county, and state)
 Waterman

10. Usual occupation Water Freight

11. Industry or business
 12. Name Severn Cullen
 13. Birthplace Crisfield, Md.
 14. Maiden name Sarah Ann Lankford
 15. Birthplace Princess Anne, Md.

16. Informant Mrs. Linwood Wilson
 Address Crisfield, Md.

17. Burial Date thereof June 16, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St. Pauls Cemetery
 Location Rural, Marion, Md.
 18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Md.

19. 6/13/46 19.....
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1946 at 4:30 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1946, to June 13 1946
 and that I last saw him alive on June 13 1946
 Immediate cause of death Uremia
 DURATION
 Due to Cardio-vascular renal disease
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE H. Harvey Bradshaw
 Address Crisfield, Md. Date signed 6/13/46
 M. D. or other

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
JUN 21 1946
BUREAU V.S.

Handwritten signature

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH: Somerset
County: Crisfield
City or town: (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 years
Hospital, institution, or street address where death occurred:
McCreedy Memorial Hospital
How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Rural, Marion
(If outside city or town limits, write RURAL and give nearest town)
Street No.:
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME THOMAS WASHINGTON DRYDEN
3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Loretta Blake Dryden
6. (c) If alive, give age 61 years
7. Birth date of deceased (mo., day, yr.) August 7, 1880
8. AGE: 65 Years 10 Months 4 Days If less than one day hrs. min.

9. Birthplace Rehobeth-Somerset-Maryland
(Town, county, and state)
10. Usual occupation Carpenter
11. Industry or business Railroad
12. Name James Dryden
13. Birthplace Westover, Maryland
14. Maiden name Virginia Dize
15. Birthplace Crisfield, Maryland

16. Informant Blake Dryden
Address Marion, Maryland

17. Burial June 13, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St Pauls Cemetery
Location Rural, Marion, Md.

18. Funeral director H. Harvey Bradshaw
Address Crisfield, Md.

19. June 12, 1946
(Date rec'd by reg. year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11, 1946 at 5:45 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 9, 1946, to June 11, 1946; and that I last saw him alive on June 11, 1946.

Immediate cause of death Acute Dilated Heart
DURATION 2 days
Due to Cause myocardial
Due to Cause Out rupture
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Guye Chaffin M.D.
M. D. or other
Address Marion St one Date signed 6-12-46

MARGIN RESERVED FOR BINDING

VS A15

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JUL 5 1946
BUREAU V S

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06254

Reg. Dist. No.

260

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace.....

(Town, county, and state)

10. Usual occupation.....

11. Industry or business

FATHER

12. Name.....

13. Birthplace.....

MOTHER

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof.....

(month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. June 28, 1946

(Date rec'd by registrar)

R. N. Johnson, M.D.
per g.i.d. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

June 25

19..

46, at 5:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 30

19..

44, to

June 10

19..

46

and that I last saw h.....

alive on

June 10

19..

46

Immediate cause of death.....

Pulmonary
Tuberculosis

DURATION

2 year

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

Frank Matus, M.D.

M. D. or other

Address.....

Princess Anne

Date signed.....

June 25

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JUL 1 1946
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (No. 2)

CERTIFICATE OF DEATH

06255

Reg. Dist. No. 270

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 day
 Hospital, institution, or street address where death occurred:
Mc Cready Hospital
 How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Somerset
 City or town Marion Station
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war 248

3. (a) FULL NAME

Della Jones

3. (b) Social Security Number

219-07-1339

4. Sex Female 5. Color or race Col. 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband John Jones
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) May 15 - 1892 1892
 8. AGE: Years 54 Months _____ Days 17 If less than one day _____ hrs. _____ min.

9. Birthplace Marion, Somerset, Md.
 (Town, county, and state)

10. Usual occupation Domestic Work

11. Industry or business _____

12. Name Thomas Hittington

13. Birthplace Marion Sta., Md.

14. Maiden name Margaret Hickman

15. Birthplace Marion Sta., Md.

16. Informant Della Johnson

Address Marion Sta., Md.

17. Burial Date thereof June 4, 46.
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Branch, Md.

Location Marion Sta., Md.

18. Funeral director Charles H. Ford

Address Marion Sta., Md.

19. Date rec'd by registrar June 4, 46 Registrar John Jones

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1946 at 10³⁰ A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____, and that I last saw him alive on _____ 19____.

Immediate cause of death Fractures

Skull - crushed

Chest Shock

Due to _____

Accident locomotive

hit automobile

Other conditions _____

William H. Coulbourn, M. D.

(Include pregnancy within 8 months of death)

Major findings of operations FOR SOMERSET COUNTY, MD.

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: 5/31/46
Accident, suicide, or homicide. Date of _____

Where did injury occur? Marion, Somerset Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place, where? _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. H. Coulbourn M.D.

Address Crisfield Md. Date signed 6/3/46

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JUN 21 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

CERTIFICATE OF DEATH

06256 270
Reg. Dist. No.

1. PLACE OF DEATH: County..... Somerset City or town..... Crisfield (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Lifetime Hospital, institution, or street address where death occurred: McCready Memorial Hospital How long in hospital or institution?..... 1 month - 3 days		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... Maryland County..... Somerset City or town..... Crisfield, Md. (If outside city or town limits, write RURAL and give nearest town) Street No..... 128 S. 4th St. (If rural, give LOCATION) 2.(a) If veteran, name war.....	
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3.(a) FULL NAME WILLIAM CLAYTON JONES	3.(b) Social Security Number 216-09-9785
--	---

4. Sex Male	5. Color or race Negro	6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife..... Mable Emily Brittingham		
5.(c) If alive, give age..... 39 years		
7. Birth date of deceased (mo., day, yr.) May 5, 1905		

8. AGE:	Years 41	Months 1	Days 10	If less than one day hrs. min.
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9. Birthplace..... Deals Island-Somerset-Md. (Town, county, and state)

10. Usual occupation..... Laborer

11. Industry or business..... Oyster Industry

12. Name..... Garfield Jones

13. Birthplace..... Nanticoke, Md. Md.
--

14. Maiden name..... Cordelia Mason

15. Birthplace..... Deals Island, Md.

16. Informant..... Mable E. Brittingham Jones

Address..... 128 S. 4th St., Crisfield
--

17. Burial.....	Date thereof..... 6/18/46 (month) (day) (year)
-----------------	---

(Burial, cremation, or removal, Which?)

Cemetery or crematory..... St. Pauls Cemetery

Location..... Lawsonia, Maryland

H. Harvey Bradshaw

18. Funeral director.....

Address..... Crisfield, Maryland

6/16/46

19. (Date rec'd by registrar).....

Registrar.....

6/16/46

6/16/46

MEDICAL CERTIFICATION	
20. DATE OF DEATH..... June 15	19..... 46 at..... 11 40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15	19..... 46 to June 15	19..... 46
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and that I last saw him on May 15	19..... 46
-----------------------------------	------------

Immediate cause of death..... Thrombosis of	DURATION
---	----------

Steno Aorta	
-------------	--

Pericarditis & dilatation	
---------------------------	--

Due to.....	
-------------	--

Due to.....	
-------------	--

Other conditions.....	
-----------------------	--

(Include pregnancy within 3 months of death)	
--	--

Major findings of operations..... Peritonitis & hemorrhage	
--	--

ous appendicitis	
------------------	--

Date of op..... 5-15-46	
-------------------------	--

Autopsy results..... none	
---------------------------	--

PHYSICIAN: Please underline the cause to which death should be charged statistically.	
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22. VIOLENCE: If death was due to external causes, fill in the following:	
---	--

Accident, suicide, or homicide.....	Date of.....
-------------------------------------	--------------

Where did injury occur?.....	(City or town)	(County)	(State)
------------------------------	----------------	----------	---------

Injured at home, farm, industry, public place (where?).....	
---	--

Means of injury.....	Injured at work?
----------------------	------------------

Signature.....	
----------------	--

Address.....	
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6/16/46	
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6/16/46	
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6/16/46	
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RECEIVED

JUN 21 1946

BUREAU V.B.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (700)

CERTIFICATE OF DEATH

06257 265
Reg. Dist. No.

1. PLACE OF DEATH:

County Somerset
City or town Louisfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Somerset
City or town Louisfield
(If outside city or town limits, write RURAL and give nearest town)

Street No. Love St
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

Robert Jay Justice
4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife None

7. Birth date of deceased (mo., day, yr.) June 25, 1930
6.(c) If alive, give age _____ years

8. AGE: Years 15 Months 11 Days 17 If less than one day _____ hrs. _____ min.

9. Birthplace Louisfield MD
(Town, county, and state)

10. Usual occupation at school

11. Industry or business

12. Name Adolph E. Justice13. Birthplace Louisfield MD14. Maiden name Martha V. Justice15. Birthplace Louisfield MD16. Informant Adolph E. JusticeAddress Louisfield MD17. Burial Date thereof 6/14/46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Summit RidgeLocation Louisfield18. Funeral director Howard H. HubbardAddress 306 Main St. Louisfield MD

6/13/46 C.E. Coulbourn MD

19. (Date rec'd by registrar) Registrar

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11, 1946 at 11:15 P.M.

21. CERTIFY that death occurred on the date above stated; that attended deceased from Heart Attack

and that I last saw him live on June 11, 1946

Immediate cause of death Accident

Motor Cycle & Motor Scooter Collision

Due to Shock - Internal

Wenorrhage -

Compound comminuted

fracture left elbow

& left foot

(Include pregnancy within 3 months of death)

Major findings of operations William H. Coulbourn, M.D.

DEPUTY MEDICAL EXAMINER Date of op. June 11-46

Autopsy results NO FOR SOMERSET COUNTY, MD.

PHYSICIAN: Please underline the cause to which death is due statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident suicide, or homicide Date of June 11-46

Where did injury occur? Louisfield Somerset MD

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Somerset Ave

Means of injury Motor Cycle & Motor Scooter

23. SIGNATURE W.H. Coulbourn MD

Louisfield MD Date 6/13/46

RECEIVED
JUN 21 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

Reg. Dist. No. 06258 265

1. PLACE OF DEATH:

County Somerset

City or town Crisfield

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Somerset

City or town Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No. 8 Hudson St.

(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME

Virginia James Landon

3. (b) Social Security Number

none

4. Sex female	5. Color or race white	6. (a) Single, married, widowed, or divorced widowed
------------------	---------------------------	---

6. (b) Name of husband or wife George T.

T. Birth date of deceased (mo., day, yr.) December 28, 1887	6. (c) If alive, give age years
--	---------------------------------------

8. AGE:	Years	Months	Days	If less than one day
	58	6		hrs. min.

9. Birthplace Crisfield, Md.
(Town, county, and state)

10. Usual occupation housewife

11. Industry or business home

12. Name John Parks

13. Birthplace Crisfield, Md.

14. Maiden name Emma Fink

15. Birthplace Baltimore, Md.

16. Informant Charles Landon

Address Crisfield, Md.

17. Burial Date thereof 6/30/46

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Crisfield

Location Crisfield, Md.

18. Funeral director Howard H. Hubbard

Address 300 Main St., Crisfield, Md.

19. June 29/46 C.E. Edwards

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH June 28, 1946 1946 at 1:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 28, 1946, to June 28, 1946, and that I last saw her alive on June 28, 1946.

Immediate cause of death Chronic Pulmonary Edema 2 hrs

DUE TO Chronic myocarditis 6 yrs

DUE TO Cardiac infarction from coronary thrombosis 6 yrs

Other conditions Hypertension 15 yrs

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... M. D. or other

Address..... Date signed June 28/46

RECEIVED

AUG 9 1946

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

16259

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Dorchester
City or town Lansfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 5 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Dorchester
City or town Lansfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

Baby Boy Mae Kay

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6 (b) Name of husband or wife

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

June 23, 46

8. AGE:

Years

Months

Days

If less than one day

5

hrs.

min.

9. Birthplace

Lansfield
(Town, county, and state)

10. Usual occupation

None

11. Industry or business

None

FATHER

12. Name

William Mae Kay

13. Birthplace

Mass

MOTHER

14. Maiden name

Lair Hager

15. Birthplace

MD

16. Informant

Lair Mae Kay

Address

Lansfield MD

17.

Bereavement
(Burial, cremation, or removal. Which?)

Date thereof 6/28/46
(month) (day) (year)

Cemetery or crematory

Location

Lansfield

18. Funeral director

Howard H. Sullivan

Address

306 Main St. Lansfield MD

19.

6/28/46
(Date rec'd by registrar)

G.E. Calloway D.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1946, at 3A M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 28 1946, to June 28 1946, and that I last saw him alive on June 27 1946.

Immediate cause of death

Cerebral Chole
6 month Chole

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE

George B. Coulter MD

M. D. or other

Address MD Date signed June 28 46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

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JUL 1 1946
BUREAU V.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

66260

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town Princess Anne
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Princess Anne
(If outside city or town limits, write RURAL and give nearest town)

Street No. rural
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Alvin Lee Miles

3. (b) Social Security Number

4. Sex m

5. Color or race col.

6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28, 1946

8. AGE: Years 1 Months 4 Days 4 It less than one day hrs. min.

9. Birthplace Oakville md
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Alton J. Miles

13. Birthplace Somerset Co.

14. Maiden name Francis Long

15. Birthplace Phila. Pa.

16. Informant Alton J. Miles

Address Oakville, md.

17. Burial Date thereof 6-2-46
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Oakville

Location Oakville, md.

18. Funeral director William H. James Jr

Address Princess Anne, md.

19. June 1, 46 R.H. Johnson M.D.
(Date rec'd by registrar) per g.d. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1946, at 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 28 1946 to June 12 1946 and that I last saw him alive on May 31 1946

Immediate cause of death

Acute Pneumonia

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Edwin J. Mansman

Address Princess Anne md Date signed 6.1.46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 5 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

Reg. Diat. No. 6261 260

1. PLACE OF DEATH:

County Somerset
 City or town Westover md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 15 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Westover md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Otho Reed

3. (b) Social Security Number

4. Sex male 5. Color or race col 6.(a) Single, married, widowed, or divorced single
 6.(b) Name of husband or wife
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) May 13 1892
 8. AGE: Years 54 Months — Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace Northampton Co., Va.
 (Town, county, and state)
 10. Usual occupation Storekeeper
 11. Industry or business Grocery Store
 12. Name Joseph Reed
 13. Birthplace Northampton Co., Va.
 14. Maiden name Leviea Brickhouse
 15. Birthplace Northampton Co., Va.

16. Informant Bessie Handy
 Address Westover md.
 17. Burial Date thereof June 9th 1946
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory mt Zion
 Location Trehemiree Va.

18. Funeral director William H. James Jr
 Address Princess Anne md

19. June 3 1946 Red Johnson M.D.
 (Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3rd 1946 at 1:30 p.m.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20th 1946 to June 3rd 1946
 and that I last saw him alive on June 3rd 1946
 Immediate cause of death

Diabetes mellitus DURATION 3 months
 Due to
 Due to
 Other conditions Diabetic Coma 4 hours

(Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Eileen G. Mavisman M. D. or other
 Address Princess Anne md Date signed 6.3.46

12345

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C. 20530

RECEIVED
JUN 5 1946
BUREAU V.S.

Enclosed

ANTHONY J. LEE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06262

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Prince Georges

City or town Princess Anne
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State New Jersey County Monmouth

City or town Veneland N.J.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Rollin R. Riley

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

married

8. (b) Name of husband or wife

Anne Riley

7. Birth date of

deceased (mo., day, yr.)

Dec. 23, 1907

6. (c) If alive, give age 30 years

8. AGE:

Years

Months

Days

If less than one day

38

hrs. min.

9. Birthplace

Veneland N.J.
(Town, county, and state)

10. Usual occupation

Poultry Raiser

11. Industry or business

FATHER

12. Name

Mollen Riley

13. Birthplace

Veneland N.J.

MOTHER

14. Maiden name

Marie R. Riley

15. Birthplace

Veneland, N.J.

16. Informant

Mrs. Anne Riley

Address

Veneland, N.J.

17.

(Burial, cremation, or removal, Which?)

Date thereof

June 7, 1946
(month) (day) (year)

Cemetery or crematory

Willard Grove

Location

Veneland N.J.

18. Funeral director

Charles D. Ashford

Address

Princess Anne Md

June 7, 1946

R. H. Johnson

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 7 (3)

19

at

3 P

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him

alive on

Immediate cause of death

Bullet wound through skull & brain

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

File of bullet through skull

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Homicide Date of 6/8/46 (3)

Where did injury occur?

Princess Anne Md (City or town) Monmouth (County) N.J. (State)

Injured at home, farm, industry, public place (where?)

Home

Means of injury

Shot

Injured at work?

No

23. SIGNATURE

Wm. H. Ashford M.D.

M. D. or other

Address

Princess Anne Md

Date signed

6/8/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 11 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0626261

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 41 years
 Hospital, institution, or street address where death occurred:
Laird Ave, Crisfield
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Laird Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

MARY BELLE TULL

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife B. Frank Tull
 6.(c) If alive, give age 86 years
 7. Birth date of deceased (mo., day, yr.) August 8, 1868
 8. AGE: Years 77 Months 9 Days 24 If less than one day _____ hrs. _____ min.

9. Birthplace Smith Island-Somerset-Maryland
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Home

FATHER 12. Name John Hoffman
 13. Birthplace Smith Island, Md.
 MOTHER 14. Maiden name Eliza Jane Marshall
 15. Birthplace Smith Island, Md.

16. Informant B. Frank Tull
 Address Crisfield, Md.

17. Burial Date thereof June 28, 1946
 (Burial, cremation, or removal. Whole?) (month) (day) (year)
 Cemetery or crematory Crisfield Cemetery
 Location Chesapeake & Somerset Aves.

18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Md.

19. July 3 1946
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1946
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1945 to June 25 1946
 and that I last saw her alive on June 25 1946

Immediate cause of death uremia. renal del. heart DURATION 2 days

Due to chronic renal uremia
chronic myocardial

Due to _____
 Other conditions chronic arteriosclerosis years
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE George C. Borchert M.D. M. D. or other
Maryland Standard Date signed June 26, 1946

RECEIVED

JUL 5 1946

BUREAU V. S.